

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008718

FILED  
Mar 21, 2007  
Secretary of State

**Entity Name:** RENAISSANCE ESTATES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2019 FLAMINGO DR  
SEBRING, FL 33870

**New Principal Place of Business:**

3205 DUCHESS CT.  
PLANT CITY, FL 33565

**Current Mailing Address:**

2019 FLAMINGO DR  
SEBRING, FL 33870

**New Mailing Address:**

3205 DUCHESS CT.  
PLANT CITY, FL 33565

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGH, S. PATRICK  
2019 FLAMINGO DR  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

WEEKS, GREG  
3205 DUCHESS CT.  
PLANT CITY, FL 33565 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREG WEEKS

03/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HIGH, S. PATRICK  
Address: 2019 FLAMINGO DR.  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: HIGH, NANCY W  
Address: 2019 FLAMINGO DR.  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: BENNETT, RICHARD C  
Address: 4001 MCLANE DR.  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WEEKS, GREG  
Address: 3205 DUCHESS CT.  
City-St-Zip: PLANT CITY, FL 33565

Title: D (X) Change ( ) Addition  
Name: BARNES, JAMES  
Address: 3218 DUCHESS CT.  
City-St-Zip: PLANT CITY, FL 33565

Title: D (X) Change ( ) Addition  
Name: LINGO, ANDREA  
Address: 3209 DUCHESS CT.  
City-St-Zip: PLANT CITY, FL 33565

Title: TR ( ) Change (X) Addition  
Name: BARNES, JENNY  
Address: 3218 DUCHESS CT.  
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG WEEKS

D

03/21/2007

Electronic Signature of Signing Officer or Director

Date